

EVENT VENDOR APPLICATION
 Department of Licensing and Collections

☐ NEW APPLICATION ☐ RETURNING VENDOR

BUSINESS INFORMATION

Business Name: _____
 Business DBA: _____
 Contact Name and Title: _____ Contact Phone: _____
 Contact E-mail: _____
 Business Address: _____
 Business Phone: _____ Business Fax: _____
 Business Type: ☐ Corporation ☐ LLP / LLC ☐ Sole Proprietor ☐ Non-Profit

FOODS BEING SOLD (LIST ALL)

BOOTH SIZE

Booth Size: _____

INITIAL THE FOLLOWING

_____ There is a \$500 Fee that must be paid in full prior to event.
 _____ An inspection by the Lake County Health Department will be required.

The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.

 Applicant Name Applicant Signature Date

NOTE: You are required to maintain current: all proper licenses, certificates and insurance. You must be prepared to furnish documents upon request. Electric and Water will be available to "hook up" with the appropriate usage.

FOR OFFICE USE ONLY				
Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Required Reviews	Approved	Denied	Date	Initials
Licensing				